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Salemite was head of Catawba Hospital Reinhard steers Va. mental health

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RICHMOND - Virginia's mental health commissioner stood before more than 80 psychiatrists, program administrators and public and private care providers last month and delivered a sobering assessment of the state's system for treating the mentally ill.

"Even though we have great people working very hard, we have very serious problems with our system," said Dr. Jim Reinhard as he opened a daylong meeting on mental health reform initiatives May 15 at the Richmond Convention Center.

Such a statement might have provoked protests had it been uttered by a bureaucrat who lacked Reinhard's connection with the core of Virginia's labyrinthine mental health system. But as Reinhard, a psychiatrist, addressed the group that morning in a calm, soothing voice, he spoke as a man among colleagues.

Reinhard, 46, had served for seven years as the director of state-run Catawba Hospital in Roanoke County. People in all sectors of the Roanoke Valley's mental health community said they were impressed with his efforts to forge better working relationships between the hospital and the public and private programs that serve the region's mentally ill.

When the Mental Health Association of the Roanoke Valley launched a free clinic for indigent patients in 1998, Reinhard was there on the opening night to volunteer his services. And he continued donating time to those patients throughout his stint at Catawba, said Diane Kelly, the association's executive director.

"He really broke down what were the old barriers between the community services and the institutions," said Jim Sikkema, the executive director of Blue Ridge Behavioral Health Care, which provides crisis intervention and mental health services to low-income families. "His concern is with the quality of care, not loyalty to an institution."

Now Reinhard faces the challenge of changing a state system from one that traditionally

has emphasized treatment in institutions to one that encourages more care in community settings. Nearly two-thirds of the state's mental health spending in the 2002 fiscal year was directed toward facilities, and less than a third went to community services boards.

Previous attempts to reform the system have failed amid concerns about the closing of state hospitals and the lack of adequate funding for community-based programs. State lawmakers tried to overcome those concerns last year by authorizing the creation of "consensus and planning teams" in each region of the state. Those teams will develop plans tailored to their specific regions using broad guidelines established by Reinhard's agency, the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Colleagues, mental health advocates and other observers say Reinhard's experience as a consensus-builder and his compassion for patients give him the credibility to spearhead change and make sure all of the system's stakeholders have a say in the process.

"He's brought the right values to the department," Sikkema said. "He's begun a healing process."

There may be more bumps and bruises along the way. A restructuring plan pushed by Gov. Mark Warner has already encountered some resistance in the Williamsburg area, where the state had plans to close an acute-care wing at Eastern State Hospital and shift funds and personnel to community services. Officials scaled back that plan Friday, deciding to keep about half of the beds in that wing in use.

The state also has plans to reduce the number of beds at state hospitals in Staunton and Northern Virginia under a plan that lawmakers approved this year.

In a recent interview, Reinhard said he understands concerns about job losses in those areas and the quality of care patients will receive in community settings.

But, he added, "I think our mind-set is still a little bit behind the times in that, when we have a really seriously ill person, our first reaction is to think [state hospital] beds. You can really manage those people in the community if you have the resources."

Resources are scarce these days because of budget shortfalls that have forced Warner and state lawmakers to cut spending in every state agency, including the one Reinhard manages. Lawmakers in February approved a budget that reduces spending in Reinhard's department by \$52 million. Grants to community services boards that provide local services have also been cut.

"Crisis times really challenge people to do things differently," Reinhard said.

Reinhard never sought the job as Warner's point man on mental health care. He left Catawba in August 2001 to spend the last five months of then-Gov. Jim Gilmore's administration serving as an assistant commissioner in the mental health department. He had planned to return to Salem, where his wife, Stella, and five children still live in a historic home.

Warner said others recommended Reinhard for the commissioner's post, which pays \$144,778 annually. Warner recalled meeting with Reinhard and coming away impressed by his intellect and "confident and low-key style."

"After I spent a few minutes with him, I knew this was the guy I wanted," Warner said.

Warner also admired the personal sacrifice Reinhard made to take the job. While Reinhard spends his weeks in Richmond, his family has remained in Salem so that his oldest son, Adam, could graduate from Salem High School.

"That's been kind of hard," said Reinhard.

Adam graduated Friday and will attend the University of Virginia in the fall. Reinhard and the rest of his family will decide soon whether to remain in Salem or move to the Richmond area, Reinhard said.

Leaders in the Roanoke Valley's mental health care community said they miss having Reinhard nearby. But they also like the idea of having a familiar face in Richmond at a time of upheaval.

"I am comforted by knowing that there is someone there who is caring and compassionate," said the Mental Health Association's Diane Kelly.

Reinhard, a native of Illinois, arrived at Catawba in 1994 and became the facility's director the following year. Jack Wood, now Catawba's chief administrator, said Reinhard employed a "participatory-type management style" and actively sought input from staffers at every level of the organization.

"He was not aloof or unreachable to the line staff," said Wood, who worked under Reinhard. "He doesn't pretend to have all the answers. He does value people's input."

Wood gives Reinhard credit for innovations that have changed the way the 110-bed facility is run. For instance, Reinhard urged Catawba's staff to minimize the use of restraints on unruly patients. Reinhard considers the instinct to seclude or restrain patients "the old way of thinking." He insists that facilities can actually reduce injuries

to patients and staff "by doing less controlling types of things."

Wood said the hospital tracks the number of consecutive days its staff can work without having to restrain a patient. Its most recent streak reached 38 days on Thursday, the longest run ever recorded at Catawba.

Reinhard said the "state of the art" is always changing when it comes to treating the mentally ill, so public hospitals and programs must be willing to change with it.

"At times we're guilty of being paternalistic and controlling," he said. "That relates not only to the decision of where to treat people in psychiatry, but also some of the things we do when people are in the system."

Reinhard now holds a position that enables him to encourage innovation at each of the 15 facilities his agency manages. Despite the challenges posed by Virginia's budget problems, he exudes enthusiasm when he talks about improving care for those who need state-supported treatment.

"There's nothing wrong with private practice," Reinhard said. "But I've always been more interested in chronic and severely mentally ill people who really need services that traditionally have not gotten quality services. I think just because you don't have insurance, I think you still deserve state-of-the-art care. These are people that really are hurting, and I get very excited about being part of treating them."